

CITY OF CREIGHTON
APPLICATION FOR BUILDING DEMOLITION PERMIT

DATE: _____ NAME (Owner of Structure): _____

PHONE NUMBER: _____

I. Location of Building to be Demolished:

Street address _____ Legal description _____

II. Information on Demolition:

A. Demolition contractor _____

B. Anticipated beginning date _____ Anticipated completion date _____

C. *Date of completion and results of asbestos inspection _____ (Date)

_____ (Results)

Include a copy of the final visual inspection with application

D. Dimensions: Height _____ Width _____ Depth _____

E. Demolition debris will be deposited at _____

F. Describe how the property will be cleaned up after the demolition _____

G. Describe plans to fill in the resulting excavation and plans for landscaping of the site _____

H. Proposed use of property after demolition & restoration _____

I. Estimated total cost of demolition _____

Applicant (Printed Name)

Applicant Signature

FOR CITY OF CREIGHTON USE ONLY:

PERMIT ISSUED:

Zoning Administrator

DATE: _____, 20____

When approved by the city, this application shall serve as the applicant's permit.

*The State of Nebraska regulates asbestos abatement. All rules and regulations of the State of Nebraska must be followed.